



**King County Office of Citizen Complaints – Ombudsman**

400 Yesler Building  
400 Yesler Way, Room 240  
Seattle, WA 98104  
206-296-3452 v/tty - 206-296-0948 fax

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**Whistleblower Complaint \_\_\_\_\_**

*Please review the Whistleblower Protection Code Summary and the Whistleblower Protection Code (KCC 3.42) before completing this complaint form.*

Pursuant to the Whistleblower Protection Code (KCC 3.42), I am reporting what I believe to constitute improper governmental action.

**Name, position, and department of person(s) I believe to have engaged in improper governmental action:**

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**Type of Improper Governmental Action:**

Which type of improper governmental do you believe to have occurred? Please check all that apply. If you know the particular law that has been violated, please provide it.

- ☐ Violation of state or federal law or rule or county ordinance or rule, or
- ☐ Abuse of authority, or
- ☐ Substantial or specific danger to the public health or safety, or
- ☐ Gross waste of public funds.

**Basis for reporting:**

How do you know the information you are reporting?

- ☐ Personal or direct knowledge
- ☐ Others have told me about the situation
- ☐ Other (please explain)

**Whistleblower Complaint \_\_\_\_\_**

**Allegation of Improper Governmental Action:**

Describe, in as much detail as possible, the alleged improper governmental action.  
Please attach an additional piece of paper, if necessary.

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**Date, time, frequency of alleged improper governmental action:**

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**Where did the alleged improper governmental action occur?**

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**Names and positions of those who may have witnessed the event:**

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## Whistleblower Complaint \_\_\_\_\_

Please list any evidence or documentation that would support your allegation of improper governmental action. Please indicate whether you can personally provide that information.

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### Complainant Declaration

I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

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Signature	Date and Place (e.g. city, state)
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Name (please print)
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Address
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City	State	Zip Code
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Phone number(s)
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### Waiver of Confidentiality

KCC 3.42.040 states: To the extent allowed by law, the identity of an employee reporting information about an improper governmental action shall be kept confidential unless the employee waives confidentiality in writing.

If you do not wish to have your name kept confidential, please sign below.

I hereby waive the confidentiality provision of KCC 3.42.040.

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Complainant's signature	Date
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